

broad authority to restrict and penalize on-line expression;

(3) the Government of the People's Republic of China intends to have "full coverage, connectivity, and control" of the entire People's Republic of China by police video surveillance; and

(4) the Government of the People's Republic of China boldly retaliates against human rights advocates for their work upholding international standards and cooperating with the United Nations human rights mechanisms;

Whereas, in January 2020, the editorial board of The Washington Post questioned whether the People's Republic of China should "be allowed to host the 2022 Winter Olympics in one city while running concentration camps in another"; and

Whereas the flagrant human rights abuses committed by the Government of the People's Republic of China are inconsistent with Olympic values: Now, therefore, be it

*Resolved, That—*

(1) the Senate supports the values of Olympism and the principles of Team USA with respect to the protection of—

(A) the rights, safety, and well-being of athletes; and

(B) the integrity of sport; and

(2) it is the sense of the Senate that, consistent with the principles of the International Olympic Committee, unless the Government of the People's Republic of China demonstrates significant progress in securing fundamental human rights, including the freedoms of religion, speech, movement, association, and assembly, the International Olympic Committee should rebid the 2022 Winter Olympics to be hosted by a country that recognizes and respects human rights.

#### SENATE RESOLUTION 14—DESIGNATING JANUARY 23, 2021, AS "MATERNAL HEALTH AWARENESS DAY"

Mr. BOOKER (for himself and Mr. MENENDEZ) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 14

Whereas, every year in the United States, approximately 700 women die as a result of complications related to pregnancy and childbirth;

Whereas the pregnancy-related mortality ratio, defined as the number of pregnancy-related deaths per 100,000 live births, more than doubled between 1987 and 2017;

Whereas the United States is the only developed country whose maternal mortality rate has increased over the last several decades;

Whereas, of all pregnancy-related deaths between 2011 and 2016—

(1) nearly 32 percent occurred during pregnancy;

(2) about 35 percent occurred during childbirth or the week after childbirth; and

(3) 33 percent occurred between 1 week and 1 year postpartum;

Whereas more than 60 percent of maternal deaths in the United States are preventable;

Whereas, in 2014 alone, 50,000 women suffered from a "near miss" or severe maternal morbidity, which includes potentially life-threatening complications that arise from labor and childbirth;

Whereas around 17 percent of women who gave birth in a hospital in the United States reported experiencing 1 or more types of mistreatment, such as—

(1) loss of autonomy;

(2) being shouted at, scolded, or threatened; and

(3) being ignored or refused or receiving no response to requests for help;

Whereas certain social determinants of health, including bias and racism, have a negative impact on maternal health outcomes;

Whereas significant disparities in maternal health exist, including that—

(1) Black women are more than 3 times as likely to die from a pregnancy-related cause as are White women;

(2) American Indian and Alaska Native women are more than twice as likely to die from a pregnancy-related cause as are White women;

(3) Black, American Indian, and Alaska Native women with at least some college education are more likely to die from a pregnancy-related cause than are women of all other racial and ethnic backgrounds with less than a high school diploma;

(4) Black, American Indian, and Alaska Native women are about twice as likely to suffer from severe maternal morbidity as are White women;

(5) women who live in rural areas have a greater likelihood of severe maternal morbidity and mortality compared to women who live in urban areas;

(6) less than 1/2 of rural counties have a hospital with obstetric services;

(7) counties with more Black and Hispanic residents and lower median incomes are less likely to have access to hospital obstetric services;

(8) more than 50 percent of women who live in a rural area must travel more than 30 minutes to access hospital obstetric services, compared to 7 percent of women who live in urban areas; and

(9) American Indian and Alaska Native women living in rural communities are twice as likely as their White counterparts to report receiving late or no prenatal care;

Whereas pregnant women may be at increased risk for severe outcomes associated with COVID-19, as—

(1) pregnant women with symptomatic COVID-19 are more likely to be admitted to an intensive care unit, receive invasive ventilation, and receive ECMO treatment, compared to nonpregnant women with symptomatic COVID-19;

(2) pregnant women with symptomatic COVID-19 are at a 70-percent increased risk for death compared to nonpregnant women with symptomatic COVID-19; and

(3) pregnant women with COVID-19 may be at risk for preterm delivery;

Whereas more than 40 States have designated committees to review maternal deaths;

Whereas State and local maternal mortality review committees are positioned to comprehensively assess maternal deaths and identify opportunities for prevention;

Whereas more than 30 States are participating in the Alliance for Innovation on Maternal Health, which promotes consistent and safe maternity care to reduce maternal morbidity and mortality;

Whereas community-based maternal health care models, including midwifery childbirth services, doula support services, community and perinatal health worker services, and group prenatal care, in collaboration with culturally competent physician care, show great promise in improving maternal health outcomes and reducing disparities in maternal health outcomes;

Whereas many organizations have implemented initiatives to educate patients and providers about—

(1) all causes of, contributing factors to, and disparities in maternal mortality;

(2) the prevention of pregnancy-related deaths; and

(3) the importance of listening to and empowering all women to report pregnancy-related medical issues; and

Whereas several States, communities, and organizations recognize January 23 as "Maternal Health Awareness Day" to raise awareness about maternal health and promote maternal safety: Now, therefore, be it

*Resolved, That the Senate—*

(1) designates January 23, 2021, as "Maternal Health Awareness Day";

(2) supports the goals and ideals of Maternal Health Awareness Day, including—

(A) raising public awareness about maternal mortality, maternal morbidity, and disparities in maternal health outcomes; and

(B) encouraging the Federal Government, States, territories, Tribes, local communities, public health organizations, physicians, health care providers, and others to take action to reduce adverse maternal health outcomes and improve maternal safety;

(3) promotes initiatives—

(A) to address and eliminate disparities in maternal health outcomes; and

(B) to ensure respectful and equitable maternity care practices;

(4) honors those who have passed away as a result of pregnancy-related causes; and

(5) supports and recognizes the need for further investments in efforts to improve maternal health, eliminate disparities in maternal health outcomes, and promote respectful and equitable maternity care practices.

#### SENATE CONCURRENT RESOLUTION 3—AUTHORIZING THE USE OF THE ROTUNDA OF THE CAPITOL FOR THE LYING IN STATE OF THE REMAINS OF THE LAST MEDAL OF HONOR RECIPIENT OF WORLD WAR II, IN ORDER TO HONOR THE GREATEST GENERATION AND THE MORE THAN 16,000,000 MEN AND WOMEN WHO SERVED IN THE ARMED FORCES OF THE UNITED STATES FROM 1941 TO 1945

Mr. MANCHIN (for himself, Mrs. CAPITO, and Mr. ROMNEY) submitted the following concurrent resolution; which was referred to the Committee on Rules and Administration:

S. CON. RES. 3

*Resolved by the Senate (the House of Representatives concurring),*

#### SECTION 1. HONORING THE LAST SURVIVING MEDAL OF HONOR RECIPIENT OF WORLD WAR II.

(a) USE OF ROTUNDA.—The individual who is the last surviving recipient of the Medal of Honor for acts performed during World War II shall be permitted to lie in state in the rotunda of the Capitol upon death, if the individual (or the next of kin of the individual) so elects.

(b) IMPLEMENTATION.—The Architect of the Capitol, under the direction of the President pro tempore of the Senate and the Speaker of the House of Representatives, shall take the necessary steps to implement subsection (a).

#### AUTHORITY FOR COMMITTEES TO MEET

Mr. SCHUMER. Mr. President, I have a request for one committee to meet during today's session of the Senate. It has the approval of the Majority and Minority leaders.